

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10612665
APPLICANT(S) _____

FILING DATE 07-18-03

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		6				
8		6				
9		6				
10		6				
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45		6				
46		6				
47		6				
48		6				
49		6				
50		6				
TOTAL IND.	←		←		←	
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51		6				
52		6				
53		6				
54	1					
55		1				
56		6				
57		6				
58		6				
59		6				
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99						
100						
TOTAL IND.	←		←		←	
TOTAL DEP.						
TOTAL CLAIMS						

59
2950